

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
FORMALITY REVIEW	TR	1112	10/26/01
RESPONSE FORMALITY REVIEW			

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	✓ ✓
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8	✓
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10	✓
11	✓
12	✓
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14	✓
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17	✓
18	✓
19	✓
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23	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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